RACI Matrix in Brief for FICEMS- December 2018

Evidence-Based Practice and Quality Committee

Goal 2: Data-driven and evidence-based EMS systems that promote improved patient care quality	
Objective 2.1: Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process	
Task	**Brief Status Update**
1) Brief FICEMS on the status of EBG development and implementation. (E.g. EBG Model Guidelines and Implementation, National Strategy and Publications)	• Opioid Misuse & Abuse: Developing an evidence-based guideline for prehospital treatment of suspected opioid overdose, scheduled for completion March 2019. NHTSA has also awarded an interagency agreement to AHRQ for a systematic review comparing the effectiveness and harms of opioid and non-opioid agents for the management of moderate to severe pain in the prehospital setting. This review will be used to support a future revision to the prehospital pain management guidelines. • Field Trauma Triage Guidelines Revision: As part of this planned effort, NHTSA's Office of EMS (OEMS) has awarded a Task Order to procure and analyze linked State EMS-trauma databases to identify other predictors of severe injury in the absence of physiologic derangement; that project is expected to be completed in late 2018. • The AHRQ Evidence-based Practice Center (EPC) program is collaborating with NHTSA OEMS on an Evidence-based Report "Pharmacological management of acute pain by EMS in the prehospital setting." It was awarded to University of Connecticut Evidence Based Practice Center in August. AHRQ will seek public feedback during the draft report review process in Spring 2019. Key questions include: ○ What is the comparative effectiveness of the initial analgesic agent treatment for achieving reduction in moderate-to-severe acute-onset pain level when administered by EMS personnel in the prehospital setting? ○ What are the comparative harms of analgesic agents when administered by EMS personnel to control moderate-to-severe pain in the prehospital setting? ○ In patients whose moderate-to-severe acute-onset pain level is not controlled following initial analgesic treatment, what is the comparative effectiveness of switching the analgesic regimen compared to repeating the initial treatment? ○ In patients whose moderate-to-severe acute-onset pain level is not controlled following initial analgesic treatment, what are the comparative harms of switching to another analgesic agent? See: https://effectivehealthcare.ahrq.gov/topics/acute-pain-ems/protocol. The final report is expected to be published in summer 2019 and will be used to update the EBG for prehospital analgesia in trauma, including the addition of clinical guidelines on non-traumatic pain management. The EBG will then be

	promoted for incorporation into State and local EMS protocols and practice guidelines.
2) Identify mechanisms to disseminate EBGs to stakeholders	The HRSA EMS for Children (EMSC) program is funding a Quality Improvement Collaborative to focus on increasing the percentage of local EMS agencies that have a pediatric emergency care coordinator whose role includes increasing awareness and promotion of pediatric EBGs and skills. Nine states awarded include CT, KY, MT, NM, NY, OH, PA, RI, WI. Funding was also provided to the EMSC Innovation and Improvement Center to facilitate and provide expertise and guidance to the states.
3) Update FICEMS regarding research including NIH research and emergency care networks including NIH-OECR, EMSC PECARN, and other initiatives.	The HRSA EMSC Pediatric Emergency Medicine Care Applied Research Network (PECARN) was recently funded to do a study for the Development and Testing of a Pediatric Cervical Spine Injury (CSI) Risk Assessment Tool (Funding source: National Institutes for Child Health and Development). The goal of the current project is to develop and test a Pediatric CSI Risk Assessment Tool that can be used by EMS and ED providers to determine which children warrant spinal precautions and cervical spine imaging after blunt trauma.
6) Explore options for developing performance measures that support EBG implementation, e.g. through the ORHP for FLEX grants and CAHs	The FORHP is developing a demonstration project for EMS care delivery models and quality metrics with a focus on rural care. It will further focus on financial sustainability and quality care. They are hoping to fund 8 projects for 250k for 3 years to State FLEX Programs.
6) Support improvements in responses to active shooter situations/ other trauma resulting from implementation of external hemorrhage control EBG.	No updates

Goal 1: Coordinated, regionalized, and accountable EMS and 911 systems that provide safe, high-quality Care	
Objective 1.1: Identify and promote the development and use of EMS performance measures and Benchmark	
Task	Brief Status Update
Support the development and use of EMS performance measures and benchmarks.	No updates

Goal 4: EMS systems that are sustainable, forward looking, and integrated with the evolving health care system	
Objective 4.4: Apply lessons learned from military and civilian incidents to the EMS community	
Task	Brief Status Update
Support the Dissemination and Implementation of the NASEM Report, "A National Trauma System Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury"	**NHTSA** has provided funding through a cooperative agreement with the National Association of State EMS Officials (NASEMSO) to conduct a national scan that identifies types and status of states' systems of care for time sensitive medical emergencies. NASEMSO will consult with professional organizations such as the American College of Surgeons – Committee on Trauma (ACS-COT), the American Heart Association (AHA), the American Stroke Association (ASA) and others. **Updates from the National Center for Disaster Medicine & Public Health (NCDMPH)** The NCDMPH received two new grants: Transforming Technology for Warfighters (via the Defense Health Agency) and School-Age Trauma Training (via Dept of Homeland Security). The goal of this second grant is to develop free, sustainable life-saving trauma training program targeting school age children. In addition, 4 recent publications from the Center: Rojas, L., Dacuyan, N., Klimczak, V., Goolsby, C. *Citizen Ready*. Disaster Medicine & Public Health Preparedness; (2) McCarty, J., Caterson, E., Chaudhary, M., Herrera-Escobar, J., Hasmi, A., Goldberg, S., Goolsby, C., Lipsitz, S., Haider, A., Goralnick, E. *Can They Stop the Bleed? Evaluation of Tourniquet Application by Individuals with Varying Levels of Prior Self-Reported Training*. Injury; (3) Goolsby, C., Rouse, E., Rojas, L., Goralnick, E., Levy, M., Kirsch, T., Eastman, A., Kellermann, A., Strauss-Riggs, K., Hurst, N. *Post-Mortem Evaluation of Potentially Survivable Hemorrhagic Death in a Civilian Population*. Journal of the American College of Surgeons. Nov 2018; 227 (5); 502-506; and (4) Muck, A., Givens, M., Bebarta, V., Mason, P., Goolsby, C. *Emergency Physicians at War*. Western Journal of Emergency Medicine. May 2018; 19(3); 542-547. **DoD Update** **Management of Suspected Tension Pneumothorax in Tactical Combat Casualty Care (TCCC)**: Updates the TCCC Guidelines recommendations for management of suspected tension pneumothorax for combat casualties in the prehospital setting. The guidelines continues the aggressive approach to suspecting and treating tension pneumothorax based on mechanism of injury and respiratory distress that TCCC has advocated for in the past, as opposed to waiting until shock develops as a result of the tension pneumothorax before treating. The new wording does, however, emphasize that shock and cardiac arrest may ensue if the tension pneumothorax is not treated promptly and includes other changes designed to .optimize initial treatment **Advanced Resuscitative Care in TCCC** TCCC has previously recommended interventions that can effectively prevent 4 of the top 5 causes of prehospital preventable death in combat casualties – extremity hemorrhage, junctional hemorrhage, airway obstruction, and tension pneumothorax – and deaths from these causes have been markedly reduced in US combat casualties. Non-compressible torso hemorrhage (NCTH) is the last remaining major cause of preventable death on the battlefield and often causes death within 30 minutes of wounding. Increased use of whole blood, including the capability for massive transfusion, if indicated, has the potential to increase survival in casualties with either thoracic and/or abdominopelvic hemorrhage.

	Additionally, Zone 1 Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) can provide temporary control of bleeding in the abdomen and pelvis and improve hemodynamics in casualties who may be approaching traumatic cardiac arrest as a result of hemorrhagic shock. Together, these two interventions are designated Advanced Resuscitative Care (ARC) and may enable casualties with severe NCTH to survive long enough to reach the care of a surgeon. **TCCC for Medical Personnel 2018 Curriculum Release** The 2018 TCCC for Medical Personnel (TCCC-MP) curriculum has been approved for release. DOD mandates TCCC training for all DoD personnel. This curriculum is designed to train physicians, PAs, nurses, corpsmen, medics, and PJs. Additional TCCC curricula designed to train ground combatants and all service members will be released in the coming months. Two new changes to the TCCC Guidelines have been incorporated into the curriculum – extraglottic airways (including the recommendation of the i-gel as the preferred EGA) and management of suspected tension pneumothorax in TCCC.